

DR. DANIEL HALLER, ETANO

Plaintiff(s)

Index # 2:21-CV-07208-AMD-AYS

- against -

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES, ETAL

Purchased December 31, 2021

Defendant(s)

AFFIDAVIT OF SERVICE

STATE OF NEW YORK: COUNTY OF NEW YORK ss:

CHRISTOPHER J. KLEIN BEING DULY SWORN DEPOSES AND SAYS DEPONENT IS NOT A PARTY TO THIS ACTION, OVER THE AGE OF EIGHTEEN YEARS AND RESIDES IN THE STATE OF NEW YORK.

That on March 2, 2022 at 11:58 AM at

C/O US ATTORNEY FOR THE EASTERN DISTRICT OF NEW YORK
225 CADMAN PLAZA EAST
BROOKLYN, NY 11201

deponent served the within SUMMONS AND COMPLAINT on U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES therein named.

BY LEAVING A TRUE COPY WITH RICH "S"., UNITED STATES MARSHALL, BEING AUTHORIZED TO ACCEPT LEGAL PAPERS STATED.

Deponent further states that he describes the person actually served as follows:

Sex	Skin Color	Hair Color	Age (Approx.)	Height (Approx.)	Weight (Approx.)
MALE	WHITE	SALT & PEPPER	50	6'1	210
BALDING					

MAILING

Deponent enclosed a copy of same in a postpaid wrapper properly addressed to the Defendant at the Defendant's last known residence/actual place of business at


200 INDEPENDENCE AVENUE SW
WASHINGTON, DC 20201

and deposited said wrapper in a post office or official depository under exclusive care and custody of the United States Postal Service within New York State on March 2, 2022 by REGISTERED MAIL-RETURN RECEIPT REQUESTED RECEIPT # RF408371480US in an envelope marked PERSONAL & CONFIDENTIAL and not indicating on the outside thereof, by return address or otherwise, that the communication is from an attorney or concerns an action against the person to be served.

PERSON SPOKEN TO REFUSED TO STATE TRUE LAST NAME.

Sworn to me on: March 2, 2022

JOSEPH KNIGHT
Notary Public, State of New York
No. 01KN6178241
Qualified In New York County
Commission Expires November 26, 2023


VINETTA BREWER
Notary Public, State of New York
No. 01BR4949206
Qualified in Bronx County
Commission Expires April 3, 2023


CHRISTOPHER J. KLEIN

License #: 1188546

Invoice #: 780937

Registered No. RF408371480US		Date Stamp 0005 22
To Be Completed By Post Office	Postage \$ \$1.92	Extra Services & Fees (continued)
	Extra Services & Fees \$13.75	<input type="checkbox"/> Signature Confirmation
	<input type="checkbox"/> Registered Mail \$	<input type="checkbox"/> Signature Confirmation Restricted Delivery
	<input type="checkbox"/> Return Receipt (hardcopy) \$3.05	
	<input type="checkbox"/> Return Receipt (electronic) \$0.00	
	<input type="checkbox"/> Restricted Delivery \$	Total Postage & Fees \$13.75
Customer Must Declare Full Value \$0.00		Received by 03/02/22
Domestic Insurance up to \$50,000 is included based upon the declared value. International indemnity is limited. (See Reverse)		
OFFICIAL USE NEW YORK, NY 10007		
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	UNITED PROCESS SERVICE, INC. 225 BROADWAY, SUITE 440 NEW YORK, NY 10007
	TO	U.S. Dept. of Health and Human Services 200 Independence Avenue SW Washington, DC 20201

PS Form 3806, Registered Mail Receipt
April 2015, PSN 7530-02-000-9051
For domestic delivery information, visit our website at www.usps.com

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(See Information on Reverse)

Registered No. RF408371476US		Date Stamp 0005 22
To Be Completed By Post Office	Postage \$ \$1.92	Extra Services & Fees (continued)
	Extra Services & Fees \$13.75	<input type="checkbox"/> Signature Confirmation
	<input type="checkbox"/> Registered Mail \$	<input type="checkbox"/> Signature Confirmation Restricted Delivery
	<input type="checkbox"/> Return Receipt (hardcopy) \$3.05	
	<input type="checkbox"/> Return Receipt (electronic) \$0.00	
	<input type="checkbox"/> Restricted Delivery \$	Total Postage & Fees \$13.75
Customer Must Declare Full Value \$0.00		Received by 03/02/22
Domestic Insurance up to \$50,000 is included based upon the declared value. International indemnity is limited. (See Reverse)		
OFFICIAL USE NEW YORK, NY 10007		
To Be Completed By Customer (Please Print) All Entries Must Be in Ballpoint or Typed	FROM	UNITED PROCESS SERVICE, INC. 225 BROADWAY, SUITE 440 NEW YORK, NY 10007
	TO	Xavier Becerra in his official capacity as Secretary of Health and Human Services 200 Independence Avenue

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